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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	CRD-0957
		First Named Inventor	David Christian Lentz et al.
		<b>COMPLETE IF KNOWN</b>	
		Application Number	09/966,447
		Filing Date	September 28, 2001
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COATED MEDICAL DEVICES**  
*(Title of the Invention)*

the specification of which

is attached hereto

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OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International Application Number  
 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				



### DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
09/675,882	09/29/2000	Pending
09/850,482	05/07/2001	Pending
09/887,464	06/22/2001	Pending

I hereby appoint:

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Practitioner(s) named below:

Name \_\_\_\_\_

Registration Number \_\_\_\_\_

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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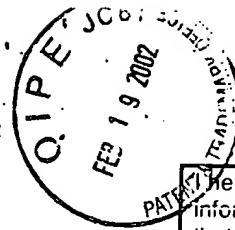
Customer Number	
Direct all correspondence to:	<input checked="" type="checkbox"/> or Bar Code Label <u>000027777</u> OR <input type="checkbox"/> Correspondence address below

Name:

Address:

Address:

City:	State:	ZIP
Country	Telephone:	Fax:



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) David Christian		Family Name or Surname Lentz		
Inventor's Signature			Date 12/4/01	
Residence: City Weston	State FL	Country USA	Citizenship USA	
Mailing Address 1371 Ginger Circle				
City Weston	State FL	ZIP 33326	Country USA	

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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Gerard H.		Family Name or Surname Llanos <span style="float: right;">COPY OF PAPER ORIGINALLY FILED</span>		
Inventor's Signature			Date Nov 26/01	
Residence: City Stewartsville	State NJ	Country USA	Citizenship USA	
Mailing Address 1514 Megan Circle				
City Stewartsville	State NJ	ZIP 08886	Country USA	

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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Mark B.		Family Name or Surname Roller		
Inventor's Signature			Date	
Residence: City North Brunswick	State NJ	Country USA	Citizenship USA	
Mailing Address 9 Quince Place				
City North Brunswick	State NJ	ZIP 08902	Country USA	

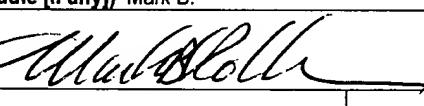


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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Angelo		Family Name or Surname	Scopelanos
Inventor's Signature		Date	
Residence: City Whitehouse Station		State NJ	Country USA
Mailing Address 7 John Stevens Road			
City	Whitehouse Station	State NJ	ZIP 08889
Country USA			
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NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Kevin		Family Name or Surname	Weadock
Inventor's Signature		Date	
Residence: City Princeton		State NJ	Country USA
Mailing Address 105 Marten Road			
City	Princeton	State NJ	ZIP 08540
Country USA			
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NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address			
City	State	ZIP	Country



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Inventor's Signature		Date	
Residence: City Weston	State FL	Country USA	Citizenship USA
Mailing Address 1371 Ginger Circle			
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Mark B.		Family Name or Surname Roller	
Inventor's Signature 		Date 11/26/01	
Residence: City North Brunswick	State NJ	Country USA	Citizenship USA
Mailing Address 9 Quince Place			
City North Brunswick	State NJ	ZIP 08902	Country USA

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NAME OF FOURTH INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Given Name (first and middle [if any]) Angel	Family Name or Surname	Scopelianos	
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Inventor's Signature	Date	11/26/01	
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Residence: City Whitehouse Station	State NJ	Country USA	Citizenship USA
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Mailing Address 7 John Stevens Road

City Whitehouse Station	State NJ	ZIP 08889	Country USA
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Given Name (first and middle [if any]) Kevin	Family Name or Surname	Weadock	COPY OF PAPERS ORIGINALLY FILED
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Inventor's Signature	Date	11/26/01	
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Residence: City Princeton	State NJ	Country USA	Citizenship USA
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Mailing Address 105 Marten Road

City Princeton	State NJ	ZIP 08540	Country USA
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NAME OF SIXTH INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Given Name (first and middle [if any])	Family Name or Surname		
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Inventor's Signature	Date		
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Residence: City	State	Country	Citizenship
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Mailing Address

City	State	ZIP	Country
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**DECLARATION  
AND  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with  Declaration Submitted after  
Initial Filing OR Initial Filing (Surcharge  
(37 CFR 1.16(e)) required)

Attorney Docket Number	CRD-0957
First Named Inventor	David Christian Lentz et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	09/966,447
Filing Date	September 28, 2001
Group Art Unit	
Examiner Name	

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**COATED MEDICAL DEVICES**  
*(Title of the Invention)*

the specification of which

is attached hereto

OR

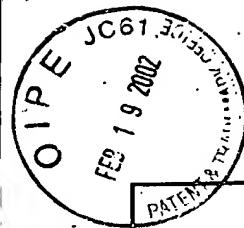
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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				



## DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Application Serial No.	Filing Date	Status
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09/850,482	05/07/2001	Pending
09/887,464	06/22/2001	Pending

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address:

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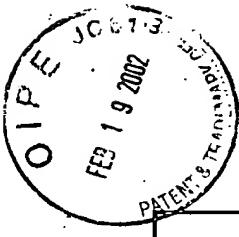
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Country

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**DECLARATION  
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(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)  
**OR**

Attorney Docket Number	CRD-0957
First Named Inventor	David Christian Lentz et al.
<b>COMPLETE IF KNOWN</b>	
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The specification of which

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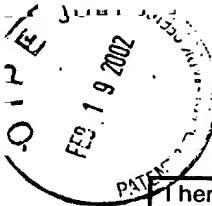
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			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO

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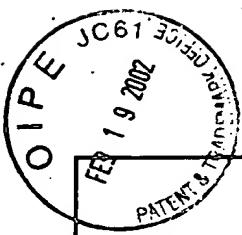


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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) David Christian		Family Name or Surname	Lentz
Inventor's Signature		Date	
Residence: City Weston	State FL	Country USA	Citizenship USA
Mailing Address 1371 Ginger Circle			
City Weston	State FL	ZIP 33326	Country USA
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gerard H.		Family Name or Surname	Llanos
Inventor's Signature		Date Nov 26/01	
Residence: City Stewartsville	State NJ	Country USA	Citizenship USA
Mailing Address 1514 Megan Circle			
City Stewartsville	State NJ	ZIP 08886	Country USA
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Mark B.		Family Name or Surname	Roller
Inventor's Signature		Date	
Residence: City North Brunswick	State NJ	Country USA	Citizenship USA
Mailing Address 9 Quince Place			
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NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country



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Name: _____		
Address: _____		
Address: _____		
City: _____	State: _____	ZIP: _____
Country: _____	Telephone: _____	Fax: _____